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Fostering Resilience in Adolescents: An Evidence-Based Practice Guide for Therapists and Practitioners of Adolescents in Foster Care

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FOSTERING RESILIENCE IN ADOLESCENTS

AN EVIDENCE-BASED PRACTICE GUIDE FOR
THERAPISTS AND PRACTITIONERS OF
ADOLESCENTS IN FOSTER CARE

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Introduction

What is resiliency? "Resilience includes aspects of positive health characterized by the existence of resources and patterns of behavior. It also includes phenomena known to be related to the ability to resist threats to well-being that may arise in the course of the life span" (Altshuler & Poertner, 2003). Resilience is what helps us get through life's challenges and remain in a healthy state. It's a quality woven into the fabric of who we are that we draw upon when we fall on hard times. Resiliency in teens has shown to lead to better overall outcomes in terms of health, wellness, and overall life success (Shpiegel, 2016). It is understood that youth in proctor or foster care need extra care and attention in order to promote their success. "Adolescents in [foster] care are one of the most vulnerable groups in society due to their maltreatment history, their low personal and social assets, poor family backing and lower achievement in important life domains..." (Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007).

As practitioners, we understand the quality of resilience in a more nuanced way that caregivers and the teen in foster care might not. Many seem to think that expressing emotions and sensitivity show a lack of resilience. Some see resilience entirely as emotional fortitude, or being able to move past hard things quickly (McDonald et al., 2019). This however is not the case. "From a practitioner's perspective, the ability to express and articulate feelings can indicate resilience, rather than a lack of it, as some [have] implied" (McDonald et al., 2019). Each adolescent has a different story, set of skills and assets, and view point. It is recognized that various social identities such as race, sexual orientation, gender, and others might change certain aspects of these recommendations and may require adaptation based on the needs of the teen(s) in question. This document will share evidence-based recommendations for therapists and other practitioners who are helping adolescents in foster care to build resiliency.

Recommendation 1

MINIMIZE RISK



The act of removing a child or teen from a harmful or neglectful home environment is the first step to minimizing their risk. But what comes after that? Thorough assessment of the adolescent to understand their starting point is critical. While writing up the mental health assessment and setting goals with the client, it's important to ask questions through the lens of the bio-psycho-social-spiritual model to full understand the full eco-system this person has just come from.

Teens in foster or proctor care are already at risk due to the circumstances that got them into care in the first place. Some of these risks include, but are not limited to poor educational outcomes and unemployment (Shuker, Sebba, & Höjer, 2019), increased number of placements (Shpiegel, 2016), higher physical abuse, sexual abuse histories (Shpiegel, 2016).

Additionally, one study found that former foster youth compared to same age non-foster peers were less likely to be employed, more likely to have health problems, mental health problems, and were more likely to be in the criminal justice system (Greeno, Fedina, Lee, Farrell, Harburger, 2019).

As practitioners and members of the support team, it's important to minimize risk as much as possible to avoid further negative resiliency outcomes. This includes helping to ensure stable placements and not being frequently reassigned foster parents and other caregivers, and offering continuing alternatives of support (Shpiegel, 2016). Ensuring continuous, stable support provides a backdrop for healing and building resiliency.

Recommendation 2

MAKE MENTAL WELL-BEING A PRIMARY FOCUS

We understand that along with the general risks associated with youth in care are psychological distresses. One study found that half of the youth studied in foster care had at least one diagnosable mental disorder (Shpiegel, 2016). Greeno, Fedina, Lee, Farrell, & Harburger suggest that there is a special need for “targeted services and supports addressing mental health and trauma experiences for youth.” They go on to say that, “States should consider wrap around supports or informal mentoring for emancipating youth. Mentoring for emancipating foster youth may help ease the transition to independence and simultaneously help with mental health challenges that foster youth may experience.”

These wrap around supports will likely vary depending on the state where the child is placed and the current programs in place. However, seeing a professional mental health counselor is strongly advised for all children and teens in foster care. Helping the teen find mental stability and support is critical during what is likely the most challenging experience he/she has ever been through. Issues such as anxiety, depression, thoughts of self-harm, loneliness, etc. are all topics to be addressed in the early days of therapy and forming the treatment plan.



Recommendation 3

USE A STRENGTHS-BASED APPROACH



Using a strengths-based approach with teens can be a powerful tool in building their resilience.

"Strengths shift the attention from problems (deficits) in maltreated individuals towards proficiency, assets, skills, and internal resources... Lyons, Uziel-Miller, Reyes, and Sokol (2000) found that strengths predicted success in the reduction of risk behavior for children and adolescents living in residential placements" (Go, Chu, Barlas, & Chang, 2017). Sometimes all it takes for someone to change is helping them see themselves in a new way- through the lens of their strengths and what they have to offer the world.

"Rather than solely focusing on problems or deficits, practitioners can engage youth to use their skills in helping them to grow and develop. Indeed, strong family involvement, problem solving skills and the ability to resist risks are all protective factors for any youth identified as being "at-risk" (Fraser, 1997)." (Altshuler & Poertner, 2003). Frequently identifying strengths and helping the teen to develop further strengths creates internalized protective factors that are long-lasting and increase resilience.

Recommendation 4

REINFORCE THE ADULTS IN THE TEEN'S SUPPORT NETWORK (FOSTER PARENTS, CASE WORKERS, TREATMENT COORDINATORS, PARENTS WORKING TOWARDS REUNIFICATION, TEACHERS, ETC.)



The majority of foster parents understand that they have been placed in a position of great trust and that they have a significant responsibility. However, it can be argued that foster parents and other adults trusted to support teens in foster care need continuous education, training, and honing of skills.

"If we are to increase the number of foster carers willing to take teenagers, it is vital that the skills necessary for working with adolescents are recognized. Issues that are particularly relevant for teenagers include being able to respond sensitively to the young person's emotional age and their chronological age, facilitating their education and peer relationships, promoting their sexual health and relationships, and balancing the young person's need for safety with that for autonomy and identity, in preparation for independent living" (Shuker, Sebba, & Höjer, 2019).

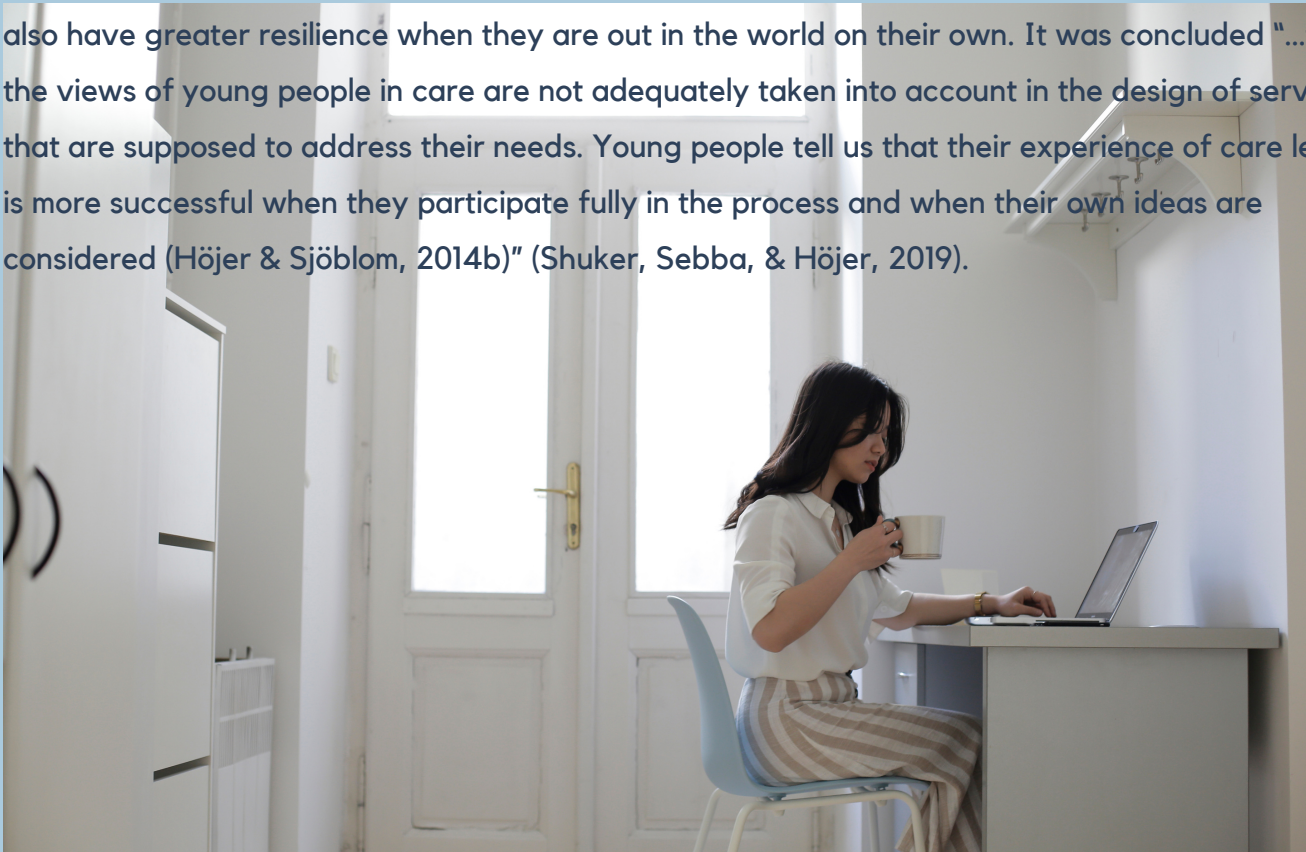
Another study found that "if a former foster youth perceived a supportive relationship with the adult teaching him/her independent living skills, the independent living preparation material being taught may have been assimilated more and thus helped create resilience and preparation for when the youth exits care..." (Greeno, Fedina, Lee, Farrell, Harburger, 2019). In other words, the adults that surround our youth in foster care can have a significant and lasting impact on these teens. It is vital that they are supported in their efforts as they help these at risk teens develop skills and resiliency, especially when challenging times arise. This can take on many forms including rapid access to mental health services and high-quality family therapy (Vinnerljung, Sallnäs, & Berlin, 2017).

Recommendation 5

HELP THE TEEN PREPARE FOR THE TRANSITION TO ADULT/INDEPENDENT LIVING

Helping our teens in foster care prepare for independent living is critical in the effort to avoiding possible high-risk behavior and homelessness. One study performed by Greeno, Fedina, Lee, Farrell, & Harburger found that "Preparation for independence impacted former foster youth on all psychological areas measured. The more independence preparation a former foster youth had, the lower the scores on psychiatric symptoms, risk, vulnerability, and the higher the scores on resilience." In other words, having some sort of transition-to-adult-living program for teens who are near emancipation from foster care is an absolute societal necessity.

An important factor in this program, and all aspects of caring for teens in foster care, is honoring their autonomy and human agency. The more we can involve the teens in care in decisions about the program and setting their own goals, the better prepared they will be for independence. They will also have greater resilience when they are out in the world on their own. It was concluded "...that the views of young people in care are not adequately taken into account in the design of services that are supposed to address their needs. Young people tell us that their experience of care leaving is more successful when they participate fully in the process and when their own ideas are considered (Höjer & Sjöblom, 2014b)" (Shuker, Sebba, & Höjer, 2019).



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